



# KANSAS STATE CHILD DEATH REVIEW BOARD

120 S.W. 10<sup>th</sup> Avenue, 2<sup>nd</sup> Floor • Topeka, KS 66612

785-296-2215 • 785-296-6296 (fax)

To complete report on line: <http://kcfr.adiadata.net>

## Coroner Report Form

To Be Completed for All Child Deaths (Ages 0-17)

Page 1

A. Identification of decedent			
First Name:	Middle Name:	Last Name:	Suffix:
Alternate First Name:	Alternate Middle Name:	Alternate Last Name:	Alternate Suffix:
Date of Birth (mm/dd/yy)	Date of Death (mm/dd/yy)	Time of Death (Military)	
County, State of Residence	County, State of Injury/Illness Event	County, State of Death	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	
Manner of Death: <input type="checkbox"/> Natural – excluding SIDS <input type="checkbox"/> Natural - SIDS <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unintentional Injury (Accident) <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending Investigation <small>(If Sudden Unexplained Infant Death (including SIDS) or possible SIDS - complete supplemental form)</small>			
B. Contributing factors (check all that apply)			
<input type="checkbox"/> Lack of supervision		<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Drug use
<input type="checkbox"/> Neglect (Physical, medical, emotional)		<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Child abuse
<input type="checkbox"/> Known illness, specify: <input type="text"/>		<input type="checkbox"/> Other, specify: <input type="text"/>	
C. Describe the events and circumstances leading to the fatal illness/event: Specify any concerns of abuse, neglect, drug/alcohol involvement, or suspicious circumstances.			
D. Additional information or comments:			

**E. Autopsy and investigation information:**

Autopsy Status: ☐ No autopsy ☐ Autopsy completed, report pending ☐ Autopsy completed, report sent to SCDRB

Autopsy performed by:

Was toxicology testing performed on the decedent? ☐ Yes ☐ No ☐ Unknown

Toxicology performed by:

If yes, were results: ☐ Positive ☐ Negative ☐ Unknown ☐ Pending

If results positive, substance if known:

If results positive, level, if known:

Who performed the death scene investigation? (Mark all that apply)

☐ Not conducted ☐ Coroner ☐ Law Enforcement ☐ Fire Investigator ☐ Other: Specify \_\_\_\_\_

**F. Other source information (if applicable):**

Contact Name	Agency Name	Phone Number	Date (mm/dd/yy)	Case Number

Coroner Name: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Please forward the information to: Wayne Stith, Executive Director  
 State Child Death Review Board  
 Office of the Attorney General  
 120 SW Tenth Avenue, 2<sup>nd</sup> Floor  
 Topeka, KS 66612  
 Phone: 785-296-2215  
 Fax: 785-296-6296  
 e-mail: [stithw@ksag.org](mailto:stithw@ksag.org)



**KANSAS STATE CHILD DEATH REVIEW BOARD**

120 S.W. 10<sup>th</sup> Avenue, 2<sup>nd</sup> Floor • Topeka, KS 66612

785-296-2215 • 785-296-6296 (fax)

To complete report on line: <http://kcfr.adiadata.net>

***SUDDEN UNEXPLAINED INFANT DEATH –  
SUPPLEMENTAL INFORMATION***

Page 3 (if indicated)

Decedent's Name:

Date of Death:

Position of infant when placed: ☐ Abdomen ☐ Back ☐ Side ☐ Unknown

☐ Other

If other, specify:

Position of infant when found: ☐ Abdomen ☐ Back ☐ Side ☐ Unknown

☐ Other

If other, specify:

Sleeping place: ☐ Crib ☐ Bed, not crib ☐ Couch ☐ Waterbed ☐ Unknown

☐ Other

If other, specify:

Sleeping surface: ☐ Firm ☐ Soft ☐ Unknown

Sleeping arrangement (check all that apply):

☐ Sleeping alone

☐ Bedsharing w/adult

☐ Bedsharing w/child

☐ Unknown

☐ Other, specify:

Were bedding or items in or on the decedent's sleeping surface a concern?

☐ Yes

☐ No

☐ Unknown

Recent URI (In last 2 wks of life)? ☐ Yes ☐ No ☐ Unknown

Other illness in last 2 wks of life? ☐ Yes ☐ No ☐ Unknown

If yes, specify:

Did anyone in the home smoke? ☐ Yes ☐ No ☐ Unknown

Specify any other risk factors present at the scene: